CERTIFICATE OF DEATH

MARYLAND

Name in Full: Wade H. Anderson.

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Clears Spring. County: Washington

Date of death 1904 Month: 8 Day: 4

Age: Years: 21 Months: Days:

Sex: Male Color or Race: White Birthplace: Clear Spring

Occupation: Brakeman B. C. R. R. Where Residing if not at place of death: Clears Spring,

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: John H. Anderson. Father's Birthplace: Clears Spring.

Mother's Maiden Name: Delilah Pryor. Mother's Birthplace: Hancock.

Name of person giving In formation: John H. Anderson. How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever How long: 8 Weeks

Immediate: Congestion of Lungs How long: 3 Days -

Are the name, age, sex, color, date and place correctly given above? Yes -

Signature of Physician: C. T. Mason, M.D.

Address: Clear Spring Maryland

Accident or Suicide?

LIBRARY BUREAU A66316

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Susanna Beard

Died at: Town: Hagerstown  County: Washingto

Date of death 1904: Month 8  Day 19

Age: Years 93  Months 5  Days 8

Sex: Female  Color or Race: White  Birthplace: Md

Occupation:  Where Residing if not at place of death:

Married, Single or Widowed: Widow  Name of Wife or Husband: Geo Beard

Father's Name: A Shibery  Father's Birthplace:

Mother's Maiden Name: not known  Mother's Birthplace:

Name of person giving Information:  How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile debility  How long: 3 Mos.

Immediate: Ex Exhaustion  How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. S. Morrison

Address: Hagerstown Md

Accident or Suicide? No.

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LIBRARY BUREAU A88816

Name in Full: Louise Douglas Beckenbaugh

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown; County: Wash

Date of death: Month: Aug; Day: 5; Years: —; Months: —; Days: 2.

Sex: female; Color or Race: White; Birthplace: Md.

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: single; Name of Wife or Husband: —

Father's Name: John Kyd Beckenbaugh; Father's Birthplace: Md.

Mother's Maiden Name: Harriett L. Howard; Mother's Birthplace: "

Name of person giving In formation: John K. Beckenbaugh; How related to deceased: father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth. How long: —

Immediate: Congenital Malformation of Heart How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: M. D. Miller

Address: Hagerstown Md.

Accident or Suicide? —

LIBRARY BUREAU A66816

CERTIFICATE OF DEATH

Name in Full: John L. Bikle

Died at — Town: Danville — County: Livingston — State: ~~Maryland~~ New York

Date of death: 1904 — Month: Aug — Day: 7 — Age: Years 57 — Months 5 — Days 17

Sex: male — Color or Race: White — Birthplace: Md.

Occupation: Bank Cashier — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Mrs. Georgia Bikle

Father's Name: Edwards Bikle — Father's Birthplace: Md.

Mother's Maiden Name: [illegible] — Mother's Birthplace: [illegible]

Name of person giving Information: E Blaine Bikle — How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nervous Exhaustion — How long: [illegible]

Immediate: [illegible] — How long: [illegible]

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible] Undertaker

Address: Hagerstown Md.

Accident or Suicide: [illegible]

LIBRARY BUREAU A66816

Name in Full: Mrs. Joanna Blessing

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: 1904 — Month: Aug. — Day: 13 — Age: Years: 59 — Months: 1 — Days: 14

Sex: female — Color or Race: white — Birthplace: Md.

Occupation: H. W. — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Daniel W. Blessing

Father's Name: Joseph Fecker — Father's Birthplace: Md.

Mother's Maiden Name: Elizabeth Eckenberger — Mother's Birthplace: "

Name of person giving Information: Bertie Blessing — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pyonephrosis — How long: 3 years

Immediate: Exhaustion — How long: 5 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm Preston Miller

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Hagerstown Samuel B Washington

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Samuel Bowser — County:

TO BE ANSWERED BY NEAREST FRIEND

| Date of death 1904 | Month | Day | Years | Months | Days |
|---|---|---|---|---|---|
| | 8 | 30 | Age 59 | 9 | 22 |

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Shoemaker — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Sarah Bowser

Father's Name: Henry Bowser — Father's Birthplace: Md

Mother's Maiden Name: Christina Bowser — Mother's Birthplace: Md

Name of person giving Information: Sarah Bowser — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Endocarditis & Nephritis — How long: 1 year (?)

Immediate: Exhaustion — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: Miller D Miller M.D.

Address: Hagerstown, Md.

Accident or Suicide? —

LIBRARY BUREAU A86516

Name in Full: Stillborn Child

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hagerstown — County: Washington

Date of death 190 4 — Month: August — Day: 31st

Age — Years: — Months: — Days: —

Sex: Male — Color or Race: White

Occupation:

Birthplace: Hagerstown Md

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: B. F. Bembry

Father's Birthplace: Georgia

Mother's Maiden Name: Elizabeth Spurlock

Mother's Birthplace: Maryland

Name of person giving Information: B. F. Bembry

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stillborn

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. H. O. Regan

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full: Mary Brenck

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Reiot; County: Washington

| Date of death 1904 | Month | Day | Years | Months | Days |
|---|---|---|---|---|---|
| | Aug | 7 | Age 4 | | 7 |

Sex: Female | Color or Race: White | Birthplace: Md.

Married, Single or Widowed: Single (Child) | Occupation: —

Name of Wife or Husband: —

Father's Name: Emanuel Brenck | Father's Birthplace: Md

Mother's Maiden Name: Martha Moretti | Mother's Birthplace: Md

Name of person giving information: — | How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Peritonitis | How long: Seven days

Immediate: — | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D C R Miller M.D.

Address: Rockville & Dickerson Md

~~Accident or Suicide?~~

LIBRARY BUREAU ARMCO

CERTIFICATE OF DEATH

Name in Full: George E. Davis

Died at: Town: Hagerstown; County: Washington; MARYLAND

Date of death: Month: Aug.; Day: 8; Years: 57; Months: 6; Days:

Sex: male; Color or Race: White; Birthplace: Md.

Occupation: Laborer; Where Residing if not at place of death:

Married, Single or Widowed: married; Name of Wife or Husband: Mrs Mary Davis

Father's Name: George A Davis; Father's Birthplace: Md.

Mother's Maiden Name: Mary Shirley; Mother's Birthplace: Penna.

Name of person giving information: Mrs Geo P. Helsine; How related to deceased: sister.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage; How long: 4 days

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. K. Dorr M.D.

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A6581

Name in Full: Fred Doyle

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Boonsboro — County: Wash.

Date of death 1904 — Month: Aug — Day: 16 — Age: Yrs 1 — Months: 9 — Days:

Sex: Boy — Color or Race: White — Birthplace: Wash Co

Occupation: — Where Residing if not at place of death: Boonsboro

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Howard Doyle — Father's Birthplace: Wash. Co

Mother's Maiden Name: Daisy Gabe — Mother's Birthplace: "

Name of person giving Information: W. Doyle — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebro-Spin.-Men. — How long: 10 Days

Immediate: Convulsions — How long: Continuous

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. S. Davis

Address: Boonsboro Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Infant. Son of J. G. L. Eusminger

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CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Williamsport — County: Washington

Date of death 190: Month: Aug — Day: 27 — Age: Years / Months / Days

Sex: Male — Color or Race: White — Birthplace: Williamsport

Married, Single or Widowed: Still Born

Name of Wife or Husband: J. G. L. Eusminger

Father's Name: J. G. L. Eusminger — Father's Birthplace: Md.

Mother's Maiden Name: Mina S. — Mother's Birthplace: Md.

Name of person giving information: J. G. L. Eusminger — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Born — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Sarah A. Malone

Address

Accident or Suicide?

J. M. Miller F. D.

LIBRARY BUREAU A88310

Name in Full

# Certificate of Death

Mary Farling

Died at Pleasantville (Town) Washington (County) MARYLAND

Date ~~1903~~ 1904 Month Aug Day 21 | Age Y. 85 M. 3 D. 2 | Native of Md | Occupation G. H. W.

~~White~~ | ~~Female~~ | ~~Married~~ | Widow | ~~Single~~ | ~~Widowed~~

Number of children living none

~~Husband~~ Wife of Thos. Farling

Father's Name

Mother's Name

Cause of Death: Primary Heart Disease — How long sick six mos.

Immediate Dropsy

~~Accident~~ Suicide, ~~Homicide~~

Reported by Dr W. B. Ranson

Address Harpers Ferry W. Va.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65-262

CERTIFICATE OF DEATH

Name in Full: Martha Ellen Fisher

Died at: Town: Kurdysville; County: Washington; State: MARYLAND

Date of death: Month: 1 8; Day: 20; 1904

Age: Years: 5; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Kurdysville

Occupation: None

Where Residing if not at place of death: Kurdysville

Married, Single or Widowed: Single

Name of Wife or Husband: James R Fisher

Father's Name: James R Fisher

Father's Birthplace: Sharpsburg

Mother's Maiden Name: Hattie McCoy

Mother's Birthplace: Funkstown

Name of person giving Information: James R Fisher

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

105

Primary: Enteric Colitis — How long: 3 weeks

Immediate: Cerebral meningitis — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. H. Nibiser

Address: Keedysville, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: David P. Fletcher

Died at (Town): Hagerstown (County): Washington

Date of death 1904 (Month): 8 (Day): 1 Age (Years): 33 (Months): 3 (Days): 14

Sex: Male Color or Race: Colored Birthplace: md

Occupation: Laborer Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife ~~or Husband~~: Cora Mackey

Father's Name: Henry Fletcher Father's Birthplace: md

Mother's Maiden Name: Don't Know Mother's Birthplace: md

Name of person giving Information: Cora Fletcher How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever How long: 4 wks

Immediate: Intestinal Perforation + Hemorrhage How long: 3 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. H. Hagaman

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Mollie Forguerron

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: Month: Aug. — Day: 2 — 1904 — Years: 30 — Months: — — Days: —

Sex: Fmale — Color or Race: Colored — Birthplace: Virginia

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of ~~Wife~~ Husband: Robert Forguerron

Father's Name: Dallas Moore — Father's Birthplace: Va.

Mother's Maiden Name: Billie (Moore) — Mother's Birthplace: Va.

Name of person giving Imformation: Robt Forguerron — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia & Bronchitis & Tuberculosis — How long: Four Years (?)

Immediate: Cardiac Failure — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. M. Wagaman

Address: Hagerstown, Md.

Accident or Suicide? —

LIBRARY BUREAU 493016

Name in Full: Joseph Gello

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hancock — County: Washington

Date of death: Month: Aug — Day: 24 — 1907

Age: Years: 15 — Months: — — Days: —

Sex: Male

Color or Race: Italian

Birthplace: Italy

Occupation:

Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Single

Name or Wife or Husband:

Father's Name: Agostina Gello

Father's Birthplace: Italy

Mother's Maiden Name: Martha Bifolta

Mother's Birthplace: Italy

Name of person giving information: Brother

How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dynamite Explosion

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Martin J. Jenkins

Address: Hancock Md

Accident or Suicide?

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LIBRARY BUREAU A68618

Name in Full: Jerome G. Gossard

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CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kemps Sta — County: Washington

Date of death 1904: Month: Aug — Day: 31 — Age: Years: 48 — Months: 2 — Days: 30

Sex: Male — Color or Race: White — Birthplace: Franklin Co Pa

Occupation: Laborer — Where Residing if not at place of death: Kemps Sta

Married, Single, Widowed, Divorced — Name of Wife or Husband: Catharine Lavina Farmer

Father's Name: David Gossard — Father's Birthplace: Franklin Co Pa

Mother's Maiden Name: Mary Elliott — Mother's Birthplace: " "

Name of person giving Imformation: Dora Gossard — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: Three weeks

Immediate: Prostration — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M S Richardson

Address: Williamsport Md.

Accident or Suicide?

LIBRARY BUREAU A86014

Name in Full: Lucy Grey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Clear Spring — County: Wash

Date of death: Month: August — Day: 4 — Year: 1904 — Age: Years: 35 — Months: — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Ind.

Occupation: Cook — Where Residing if not at place of death: Washington D.C.

Married, Single or Widowed: Widow — Name of Wife or Husband:

Father's Name: Wm Smith — Father's Birthplace: Ind.

Mother's Maiden Name: — Mother's Birthplace: "

Name of person giving information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary tubercolis — How long: One year

Immediate: Exhaustion — How long: One month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Abraham Shank

Address: Clearspring Washington Co. Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88816

Name in Full: Miss Ida Hammond

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Wash.

Date of death: Month: Aug. Day: 28 1904

Age: Years: 53 Months: Days:

Sex: female

Color or Race: white

Birthplace: Md.

Occupation: none

Where Residing if not at place of death: —

Married, Single or Widowed: single

Name of Wife or Husband: —

Father's Name: David C. Hammond

Father's Birthplace: Hagerstown Md

Mother's Maiden Name: Catharine Hoffman

Mother's Birthplace: Hagerstown Md

Name of person giving Information: Dr. O.H.W. Ragan

How related to deceased: Brother in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Multiple Sclerosis

How long: 10 years

Immediate: Exhaustion

How long: one week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O.H.W. Ragan

Address: Hagerstown Md

Accident or Suicide? No —

LIBRARY BUREAU A66616

CERTIFICATE OF DEATH

Name in Full: John D. Hanna

Died at: Town: Hagerstown — County: Washington — MARYLAND

Date of death: Month: aug — Day: 7 — Years: 60 — Months: 2 — Days: —

Sex: male — Color or Race: white — Birthplace: Md.

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Hanna — Father's Birthplace: Md.

Mother's Maiden Name: Mary E. Slagle — Mother's Birthplace: "

Name of person giving information: Mary Hanna — How related to deceased: sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer — How long: 45

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. L. Marbaum

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Elizabeth Hawes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Weverton; County: Washington

Date of death 1907: Month: Aug; Day: 21; Years: 81; Months: 3; Days: 10

Sex: Female; Color or Race: White; Birthplace: Va

Occupation: None; Where Residing if not at place of death:

~~Married~~, ~~Single~~, ~~Widowed~~; Name of ~~Husband~~: William Hawes

Father's Name: ; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving In formation: C. W. Hawes; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Face; How long:

Immediate: Exhaustion; How long: one week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. V. Hedges M.D.

Address: Brunswick Md

~~Accident or Suicide?~~

LIBRARY BUREAU A8818

Name
Full

John H Helper

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Indian Spring — County: Washington

Date of death 1902 — Month: Aug — Day: 8 — Years: 25 — Months: 7 — Days: 8

Sex: Male — Color or Race: White — Birthplace: Park Head

Occupation: Laborer — Where Residing if not at place of death:

Married, ~~Single or Widowed~~ — Name of Wife ~~or Husband~~: Elizabeth Miller

Father's Name: J H Helper — Father's Birthplace: Park Head

Mother's Maiden Name: [illegible] — Mother's Birthplace: Millstone

Name of person giving Information: Father — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: one year 4 mo

Immediate: Exhaustion — How long: gradual

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Attended By Dr West

Address: Hancock Md

Reported by Frantz Bros Undertakers

LIBRARY BUREAU A66816

Name in Full: John L. Highbarger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sharpsburg; County: Washington

Date of death 1904: Month: Aug; Day: 3; Age: Years: 71; Months: 10; Days: 17

Sex: Male; Color or Race: White; Birthplace: Sharpsburg

Occupation: Cabinet Maker & Undertaker; Where Residing if not at place of death:

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: Jacob Highbarger; Father's Birthplace: Sharpsburg

Mother's Maiden Name: Catherine Byers; Mother's Birthplace: "

Name of person giving Imformation: Maggie Highbarger; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Mental trouble following paralysis; How long: About 3 months

Immediate: Suicide by hanging & Strangulation; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. Harrell Gardner

Address: Sharpsburg Md.

Accident or Suicide?

LIBRARY BUREAU Aeasle

Chas. D. Wade
Undertaker

Name in Full: Mary Elizabeth Hunsberger.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: Month: 1904 Aug. — Day: 25 — Years: Age 22 — Months: — — Days: —

Sex: female — Color or Race: white — Birthplace: Md.

Occupation: Seamstress — Where Residing if not at place of death: —

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: David F. Hunsberger — Father's Birthplace: Md.

Mother's Maiden Name: Sarah J. Ringer — Mother's Birthplace: "

Name of person giving In formation: D. F. Hunsberger — How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pul. Tuberculosis — How long: 1 yr.

Immediate: " — How long: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm Preston Miller

Address: Hagerstown, Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Solomon Pinkney Jenkins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hancock — County: Was

Date of death 1904 — Month: Aug — Day: 24 — Age — Years: 32 — Months: — Days: 1

Sex: Male — Color or Race: White — Birthplace: Hancock

Occupation: Carpenter — Where Residing if not at place of death: Hancock

Married, Single or Widowed: Married — Name of Wife or Husband: Lillian Jenkins

Father's Name: Solomon Jenkins — Father's Birthplace: Pa

Mother's Maiden Name: Helen Mar. Beard — Mother's Birthplace: Clearspring

Name of person giving Information: Solomon Jenkins — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: 3 Years

Immediate — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Physician is

Martin Jenkins — Address: from Rome

Accident or Suicide? Undertaker

LIBRARY BUREAU A88016

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Mabel Irene Johnson

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bargan; County: Washington

Date of death 190 4: Month: Aug; Day: 29

Age: Years: 1; Months: 6; Days: —

Sex: Female; Color or Race: White; Birthplace: Bargan

Married, Single or Widowed: ——; Occupation: ——

Name of Wife or Husband: ——

Father's Name: Daniel Johnson; Father's Birthplace: Bargan

Mother's Maiden Name: Viola Zimmerman; Mother's Birthplace: "

Name of person giving In formation: John Eichelberger; How related to deceased: Neighbor

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum; How long: 10 or 12 days

Immediate: Cholera Infantum; How long: —

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: J. H. Gardiner

Address: Sharpsburg Md

Accident or Suicide?

LIBRARY BUREAU A88516

Eugene Masters.
Undertaker,

Name in Full: Maud E Jones

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown; County: Washington

Date of death 1904: Month: 8; Day: 27

Age: Years: 22; Months: 4; Days: 14

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Harry N. Jones

Father's Name: John E Hamburg; Father's Birthplace: Va

Mother's Maiden Name: Lizzie Bonard; Mother's Birthplace: Md

Name of person giving Information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Perinephric Abscess + Peritonitis; How long: 1 week

Immediate: Cardiac Failure; How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. Boyd Deacon

Address: Hagerstown, Md

Accident or Suicide?

LIBRARY BUREAU A88516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Robert E Jones

Died at — Town: Hagerstown — County: Washington

Date of death: 1904 — Month: 8 — Day: 9

Age — Years: — Months: 6 — Days:

Sex: Male

Color or Race: Colored

Birthplace: Md

Occupation: Child

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Geo Gr Harris

Father's Birthplace: Va

Mother's Maiden Name: Lizzie Jones

Mother's Birthplace: Md

Name of person giving Information: Lizzie Jones

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus

How long: 4 wk

Immediate: Marasmus

How long: 4 wk.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. H. Schindel M.D

Address: Hagerstown, Md

Accident or Suicide?

LIBRARY BUREAU A88516

A Shudel

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Mrs. Elizabethe Keiger

Died at: Hagerstown — County: Washington

Date of death: 1904 — Month: Aug — Day: 3 — Years: 83 — Months: 2 — Days: 1

Sex: female — Color or Race: White — Birthplace: Maryland

Occupation: H.W. — Where Residing if not at place of death:

Married, Single or Widowed: widow — Name of Wife or Husband: Peter E Keiger.

Father's Name: George Keiger — Father's Birthplace:

Mother's Maiden Name: Not Known — Mother's Birthplace:

Name of person giving Information: Mrs Alice Bowers — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senility — How long:

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E D Markson

Address: Hagerstown

Accident or Suicide?

PHYSICIAN OR CORONER

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LIBRARY BUREAU A88316

Name in Full: Mrs. May Alice Kershner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: Aug; Day: 6; 1904

Age: Years: 31; Months: —; Days: —

Sex: female

Color or Race: white

Birthplace: Conn.

Occupation: H. W.

Where Residing if not at place of death: New York City

Married, Single or Widowed: married

Name of Wife or Husband: Edward C. Kershner

Father's Name: Adam Chase

Father's Birthplace: Conn.

Mother's Maiden Name: Not Known

Mother's Birthplace: —

Name of person giving Information: Edward C. Kershner

How related to deceased: husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Tuberculosis

How long: 3 mos

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E A Wareham

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: John W Kettles

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Hagerstown (County) Washington

Date of death 1904 Month Aug Day 19 Years Age 63 Months 11 Days 4

Sex Male Color or Race Colored Birthplace Md

Occupation Laborer Where Residing if not at place of death

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed Married Name of Wife or Husband Saphney Kettles

Father's Name John Kettles Father's Birthplace Pa

Mother's Maiden Name Edlive Ann Simms Mother's Birthplace Md

Name of person giving Information Saphney Kettles How related to deceased Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Pleurisy 12 How long

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician E. D. Wantz

Address Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Maria Kretzer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Boonsboro - County: Washington

Date of death 1900: Month: Aug. Day: 21st

Age: Years: 69 Months: — Days: —

Sex: Female Color or Race: Caucasian Birthplace: Washington Co. Md

Occupation: Domestic wife Where Residing if not at place of death:

~~Married~~ or Widowed: Widow Name of Wife or Husband: William Kretzer

Father's Name: Andrew Dufel Father's Birthplace: Wash. Co. Md

Mother's Maiden Name: Susan Glaze Mother's Birthplace: Wash. Co. Md

Name of person giving Information: William Kretzer Jr. How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Apoplexy How long: 6 days

Immediate: Hypostatic Congestion How long: 3 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Ernest Mades

Address: Boonsboro. Wash. Co. Maryland.

~~Accident or Suicide~~?

LIBRARY BUREAU A58816

Name in Full: Lutie M. Kuhn

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: Month: Aug. — Day: 22nd — 1904

Age — Years: 4 — Months: 10 — Days: 0

Sex: Girl — Color or Race: White — Birthplace: Hagerstown

Occupation: — Where Residing if not at place of death: at home

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: John R. Kuhn — Father's Birthplace: Hagerstown

Mother's Maiden Name: Mary Matilda Kuhn — Mother's Birthplace: Hagerstown

Name of person giving Information: Father — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: one week

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. M. Zimmerman

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full

Certificate of Death

Quinten Corey Ledy

Town — County

Died at near Pearfoss Washington MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 1904 8 24 | Age 6 month | Md | infant

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Albert Leady

Mother's Maiden Name Letta Pittinger

Cause of Death — Primary Cholera Infantum

Immediate —

How long sick 4 days

~~Accident, Suicide, Homicide~~

Reported by D. C. McKee M.D.

Address Mercersburg Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73598

A Mangans and Son

Undertakers

Mangansville

Md

Name in Full: Mrs. Annie E. McCardell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown County: Washington

Date of death: 1904 Month: 8 Day: 3 Age: Years 74 Months — Days —

Sex: female Color or Race: white Birthplace: Md.

Occupation: H. W. Where Residing if not at place of death: —

Married, Single or Widowed: widow Name of Wife or Husband: Ulter McCardell.

Father's Name: — Morin Father's Birthplace:

Mother's Maiden Name: Not Known Mother's Birthplace:

Name of person giving Information: Jones McCardell How related to deceased: son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthma and Exhaustion 97 How long

Immediate: How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. D. Marbaugh

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: (Not named) Mayhew

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Boonsboro; County: Washington Co

Date of death: Month: Aug; Day: 12; Year: 1904

Age: Years ____ Months ____ Days ____

Sex: Male

Color or Race: White

Birthplace: Boonsboro

Occupation: None

Where Residing if not at place of death: ____

Married, Single or Widowed: ____

Name of Wife or Husband: ____

Father's Name: Harry Mayhew

Father's Birthplace: Md

Mother's Maiden Name: Lulu Monaghan

Mother's Birthplace: "

Name of person giving information: Harry Mayhew

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still born S.

How long: ____

Immediate: ____

How long: ____

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. S. Davis

Address: Boonsboro Md

Accident or Suicide?

LIBRARY BUREAU A69816

Name in Full: Frederick Lewis Myers.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: Aug.; Day: 22; Years: —; Months: 4; Days: 23

Sex: male; Color or Race: White; Birthplace: Md.

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: single; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John L. Myers; Father's Birthplace: Germany

Mother's Maiden Name: Annie M. Wagner; Mother's Birthplace: Md

Name of person giving information: J. G. Myers; How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition; How long: 3 mos.

Immediate: Pneumonia; How long: 3 days.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: R Schuchert

Address: Hagerstown

Accident or Suicide?

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LIBRARY BUREAU A66816

Name in Full: Jacob C. Myers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sharpsburg; County: Washington

Date of death 1904: Month: aug; Day: 14; Age: Years: 71; Months: 7; Days: 18

Sex: Male; Color or Race: White; Birthplace: Md.

Married, Single or Widowed: Widowed; Occupation: Farmer

Name of Wife or Husband:

Father's Name: Harry Myers; Father's Birthplace: Md

Mother's Maiden Name: don't know; Mother's Birthplace:

Name of person giving Information: N. A. Myers; How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cystitis; How long: 3 years.

Immediate: Chronic Nephritis; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. W. Grundt.

Address: Sharpsburg, Md.

Accident or Suicide?

LIBRARY BUREAU A83316

Eugene Marker.
Undertaker.

Name in Full: Joseph K. Myers

CERTIFICATE OF DEATH

Pa
~~MARYLAND~~

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: McKeesport | County: Allegheny

Date of death: Month: Aug | Day: 1 | Year: 1904 | Age: Years: 24 | Months: 7 | Days: 18

Sex: Male | Color or Race: White | Birthplace: Wm Co. Md

Occupation: Carpenter | Where Residing if not at place of death: McKeesport

Married, Single or Widowed: Single | Name of Wife or Husband:

Father's Name: Wm Myers | Father's Birthplace: Wm Co Md

Mother's Maiden Name: Ann Myers Baylor | Mother's Birthplace: " " "

Name of person giving Imformation: Mother | How related to deceased: Mother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Peritonitis | How long:

Immediate: | How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. Craven

Address: McKeesport, Allegh Co Pa

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mary E Newman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown — County: Wash

Date of death: 1904 — Month: 8 — Day: 5 — Age: Years: 60 — Months: 7 — Days: 1

Sex: Female — Color or Race: Colored — Birthplace: Va.

Occupation: House work — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Riley — Father's Birthplace: Don't Know

Mother's Maiden Name: Don't Know — Mother's Birthplace: Don't Know

Name of person giving Information: Elizabeth Lee — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

Immediate: Heart Failure — How long: Few Days

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Daniel A. Watkins

Address: Hagerstown Md.

Accident or Suicide?

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LIBRARY BUREAU A88518

D Walkus

Name in Full: Mrs. Amanda M. Nitzel.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: Aug. Day: 27 1904

Age: Years: 64 Months: — Days: 14

Sex: female

Color or Race: white

Birthplace: Penna.

Occupation: H. W.

Where Residing if not at place of death:

Married, Single or Widowed: widow

Name of ~~Wife or~~ Husband: James E. Nitzel

Father's Name: H. D. Jackson

Father's Birthplace: Penna

Mother's Maiden Name: Not Known

Mother's Birthplace:

Name of person giving Information: Mrs Annie Buckingham

How related to deceased: daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Exhaustion induced by violent & frequent

Immediate: Lacks of intercostal neuralgia

How long: Some weeks

How long: Some weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician: Thos. R. Boyle M.D.

Address:

Accident or Suicide?

LIBRARY BUREAU A55816

Name in Full: Recker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Smithsburg; County: Washington.

Date of death 1904: Month: Aug; Day: 28

Age: Years: —; Months: 4; Days: —

Sex: boy; Color or Race: White; Birthplace: Wash Co

Married, Single or Widowed: —; Occupation:

Name of Wife or Husband: —

Father's Name: Jno Recker.; Father's Birthplace: Hoed Co

Mother's Maiden Name:; Mother's Birthplace:

Name of person giving Information: Jno Recker; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pranchitis; How long: Since birth

Immediate: Chol. Infant; How long: 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address: S. S. Davis
Boonsboro Md

Accident or Suicide?

LIBRARY BUREAU A68316

Name in Full: Daniel Reynolds

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pondsville County: Washington

Date of death 1904: Month: 8 Day: 10

Age: Years: 84 Months: 7 Days: 15

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: Farmer

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Margaret Reynolds

Father's Name: Peter Reynolds

Father's Birthplace: —

Mother's Maiden Name: Catharine Rosse

Mother's Birthplace: —

Name of person giving In formation:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 154

How long:

Immediate: General Debility

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: L. M. Matthias

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Martin J Rohrer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Eakle Mill — County: Washington

Date of death 1904: Month: 8 — Day: 28 — Age: Years: 77 — Months: 4 — Days: 23

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: married — Occupation: Retired Farmer

Name of Wife or Husband: Amelia Zimmerman

Father's Name: Jacob M Rohrer — Father's Birthplace: Md

Mother's Maiden Name: Mary Smith — Mother's Birthplace: Md.

Name of person giving information: Wiedeman Rohrer — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Enlarged Prostate Gland — How long: 6 years

Immediate: Brights Disease — How long: 2 years

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. M. Milliser

Address: Keedysville Md.

PHYSICIAN OR CORONER

Accident or Suicide?

LIBRARY BUREAU 445-516

Name in Full — Certificate of Death

Joseph L. Ruthrauff

Died at Town: Smithsburg, County: Washington, MARYLAND

Date 1904 Month: Aug. Day: 24th. | Age Y.: 77 M.: 9. D.: 8 | Native of | Occupation: Laboner

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single / ~~Widow~~ / Widower / Divorced | Number of children living: Six

Husband of / Wife

Father's Name: Philip Ruthrauff | Mother's Maiden Name: Jegget

Cause of Death — Primary: Infirmities of old age | How long sick: 7 days

Immediate: General debility | Accident, Suicide, Homicide

Reported by: J. H. Wishard M. D.

Address: Leitersburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70688

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Alice Amelia Shoop

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Smithsburg — County: Washington

Date of death 1904 — Month: 8 — Day: 5

Age — Years: 40 — Months: 7 — Days: 16

Sex: Female — Color or Race: White — Birthplace: Smithsburg

Occupation: House Wife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Ernest B Shoop

Father's Name: J L Vogel — Father's Birthplace: Unknown

Mother's Maiden Name: Amalda E Sigler — Mother's Birthplace: Smithsburg

Name of person giving In formation: Ernest B Shoop — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Breast — How long: About year & half

Immediate: Heart failure — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. L. Massie M.D

Address: Smithsburg Md

Accident or Suicide?

LIBRARY BUREAU A888816

Name in Full: Marcus A Smith

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: 1904 — Month: Aug. — Day: 16

Age — Years: 24 — Months: 10 — Days: 27

Sex: male — Color or Race: white — Birthplace: Md.

Occupation: Farmer — Where Residing if not at place of death: Near Cearfoss Md

Married, Single or Widowed: married — Name of Wife or Husband: Lucy Cunningham Smith

Father's Name: James Smith — Father's Birthplace: Md.

Mother's Maiden Name: Elizabeth Davis — Mother's Birthplace:

Name of person giving information: Edgar C Smith — How related to deceased: brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pistol Wound in Head — How long:

Immediate: Suicide — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C E Johnston Coroner

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: George G Stottlemyer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death 1904; Month: 8; Day: 21; Age — Years: —; Months: 3; Days:

Sex: Male; Color or Race: White; Birthplace: md

Occupation: Child; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Welty Stottlemyer; Father's Birthplace: Frederick Co

Mother's Maiden Name: Lizzie Gayer; Mother's Birthplace:

Name of person giving information: Welty Stottlemyer; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus; How long: 17 days

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. P. Kauffman

Address:

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Alfred A. Stauffer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: HAGERSTOWN — County: Washington

Date of death: Month: 8 — Day: 23 — 1904 — Age: Years: 82 — Months: — Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Tenor Maker — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Elizabeth Stauffer

Father's Name: Samuel Stauffer — Father's Birthplace: Md

Mother's Maiden Name: Sarah Snyder — Mother's Birthplace: Md

Name of person giving Information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Insufficiency Mitral Valves — How long: Four years

Immediate: Exhaustion — How long: Several Years.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. A. W. Bagenstose

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Sarah Tolson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: 1904; Month: 8; Day: 9; Age: Years: 71; Months: —; Days: —

Sex: Female; Color or Race: Colored; Birthplace: Va

Occupation: Housework; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Abraham Tolson

Father's Name: Samuel Hopkins; Father's Birthplace: Va

Mother's Maiden Name: Margaret Weeks; Mother's Birthplace: Va

Name of person giving Information: Abram Tolson; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rupture of Aneurism; How long: Immediate

Immediate: Heart Failure; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D M Wagaman

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A88518

Dr Nogaman

Name in Full: Joseph B. Updegraff

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

TO BE ANSWERED BY NEAREST FRIEND

Date of death: 1904 Month: Aug Day: 19

Age: Years: 80 Months: 10 Days: 5

Sex: male

Color or Race: White

Birthplace: Md.

Occupation: School Teacher

Where Residing if not at place of death: —

Married, Single or Widowed: married

Name of Wife or Husband: Sallie Dellinger Updegraff.

Father's Name: George Updegraff

Father's Birthplace: Md.

Mother's Maiden Name: Eliza Boyd

Mother's Birthplace: "

Name of person giving information: Jos D. Updegraff

How related to deceased: son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm Preston Miller

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Chalmers Wassen

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hagerstown — County: Wash.

Date of death: Month: 1904 Aug. — Day: 24 — Age: Years: — Months: — Days: 6

Sex: male — Color or Race: white — Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: J Reuben Wassen — Father's Birthplace: Md.

Mother's Maiden Name: Grace C. Englebright — Mother's Birthplace: "

Name of person giving information: J R. Wassen — How related to deceased: father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congenital malformation in Cicadis — How long: 5 days

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas. B. Ryder M D

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A8S516

Name in Full: Child of D. Leighton Winters

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death 1904 — Month: 8 — Day: 17 — Age — Years: — Months: — Days: 1

Sex: Female — Color or Race: W Sista — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: D Leighton Winters — Father's Birthplace: Md

Mother's Maiden Name: E Myrtle Hawbecker — Mother's Birthplace: Pa

Name of person giving Information: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malnutrition — How long: 15

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E C Wambaugh

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Allice Gertrude Wolf

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Funkstown — County: Washington

Date of death 1904: Month: Aug — Day: 15 — Age: Years: 28 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Boonsboro

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband:

Father's Name: Simon Wolf — Father's Birthplace:

Mother's Maiden Name: Elizabeth Warfel — Mother's Birthplace:

Name of person giving In formetion: Mrs Annie Herman — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: two years.

Immediate: general exhaustion. — How long: several weeks.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr F. D. Newcomer

Address: Funkstown, Md

Accident or Suicide?

LIBRARY BUREAU A66616